This legislation will also give the Food and Drug Administration the authority to require stronger warning labels, prevent industry misrepresentations, and regulate ''reduced harm'' claims about tobacco products. According to a 2006 Harvard School of Public Health study, the average amount of nicotine in cigarettes rose 11.8 percent from 1997 to 2005. More important, this bill will give the FDA the authority to ban the most harmful chemicals used in these products, or even reduce the amount of nicotine. The Family Smoking Prevention and Tobacco Control Act is not about unfairly punishing tobacco companies or consumers of tobacco products; it merely gives the Food and Drug Administration the right to regulate tobacco products as it regulates other products to safeguard the public health.

This Congress and the President have committed to reducing health care costs through comprehensive reform. This legislation is precisely the kind of investment in prevention and wellness that will enable us to increase access to quality health care while reducing costs. Tobacco use results in $96 billion in annual health care costs and California alone will spend $9.1 billion on smoking related health care costs—imagine if we spent those funds on preventative medicine or wellness measures.

The passage of this bipartisan bill would be one of the single, greatest public health protections that affirms our commitment to prevention and wellness as the foundation of responsible health care in our country. I urge my colleagues to make an investment in the health of the American people and support this legislation.

Mr. HATCH. Madam President, I rise today to share my views on H.R. 1256, the Family Smoking Prevention and Tobacco Control Act of 2009.

First and foremost, I want to make it perfectly clear that I am deeply concerned about the dangers of smoking, particularly when it comes to children and teenagers. We must do everything we can to discourage our youth from using tobacco products; because once they start, it is very difficult to stop. Long term use of tobacco causes serious health conditions such as lung cancer, emphysema, or COPD—Chronic Obstructive Pulmonary Disease. There is no question that tobacco is a killer.

And not only does tobacco kill, it also results in a tremendous amount of unnecessary health care costs. Experts believe tobacco costs society billions of dollars each year. Even second-hand tobacco smoke harms those who do not smoke themselves but are merely around those who do.

Do I believe that tobacco should be regulated? Of course I do. But do I believe that the Food and Drug Administration is the appropriate agency to regulate tobacco? Absolutely not. Let me take a few minutes to explain why I feel so strongly about this issue.

The FDA's core mission is to promote and protect public health. As a member and former chairman of the Senate Health, Education, Labor and Pensions Committee, the committee with jurisdiction over the Food, Drug and Cosmetic Act, I feel very strongly that the FDA should have sufficient resources to do its current job before taking on new responsibilities. Over the years, I have worked hard to get the FDA the funding it needs to protect consumer health; approve new drugs, biologics and medical devices; and protect our Nation's food supply.

For years, FDA scientists have pleaded with Congress to give the agency more resources. In fact, according to the Alliance for a Stronger FDA, the FDA's budget is small—$2.04 billion was appropriated for the agency and it collects nearly $600 million in user fees. Eighty-three percent of the FDA's costs are staff-related. The Alliance, whose membership includes three former Secretaries of Health and Human Services and six former FDA Commissioners, believes that the FDA's appropriation must increase by about $100 million per year just in order to stay even with increased costs—anything lower will result in decreased staff and programming. In addition, the Alliance believes that the FDA's base has eroded even while it was given new responsibility and ''operates in a world of increased globalization and scientific complexity.'' To put it in perspective, the FDA receives less funding than its local school district. Montgomery County, MD, public schools received $2.07 billion in fiscal year 2009; the FDA received $2.04 billion in appropriated funds that same year.

Recently, we heard about peanut products tainted with salmonella. Hundreds of people became sick and nine people lost their lives. In 2008, consumers were sickened by salmonella in peppers and possibly tomatoes. Before that, it was spinach tainted with E. coli that was sold all across the United States.

Overall, the FDA has done good work on food safety, but it also needs more inspectors and more resources to conduct inspections. In fact, on March 14, President Obama stated that about 95 percent of the Nation's 150,000 food processing plants and warehouses go uninspected each year.

Unfortunately, the FDA struggles with more than just food. On the pharmaceutical side, the FDA has had to deal with safety issue after safety issue. From the withdrawal of Vioxx, to new data about suicide and SSRI antidepressants, FDA has been working to match its performance to its mission. We all know that it still has a way to go.

If the FDA is given the responsibility of regulating tobacco products, it will require the agency to expand considerably. A completely new center, the Center for Tobacco Products, will be established within the FDA and new scientific experts will have to be hired for that new Center. These individuals—epidemiologists, toxicologists and medical reviewers—could be working on evaluating cancer drugs, or new vaccines, or tracing outbreaks of food borne illness—areas where, quite frankly, they are desperately needed. Instead, they will be wasting time, effort, and money in attempt to make a deadly product slightly less deadly.

The former FDA commissioner, Dr. Andrew von Eschenbach, expressed serious concerns in 2007 that this bill does not provide enough funding for an expansion of the FDA and does not authorize appropriations for start-up costs. He also expressed concerns that regulating tobacco would jeopardize FDA's public health mission. Dr. von Eschenbach was right—it makes no sense to expand this agency and divert its attention to tobacco products. I simply cannot understand why Congress is giving this agency any additional duties without a clear idea, in my opinion, about how much money it will cost to carry them out. Although this legislation is funded by tobacco company user fees, how do we know that enough money will be collected? And, while it is my understanding that the substitute big being considered by the Senate will require performance reports on these user fees every 3 years, I feel that these reports should be filed on an annual basis so that we in Congress may make necessary adjustments if the program is running out of money.

Another concern I have is the impact that these user fees could have on public health programs like the State Children's Health Insurance Program—CHIP—which relies on tobacco taxes for its financing. For that reason, I filed an amendment calling for the Comptroller General of the Government Accountability Office to study whether this bill will have an impact on public health programs. It is my hope that this amendment will be accepted by my colleagues.

Finally, I want to talk in more detail about the mission of the FDA, which is to protect public health. I feel that by requiring the FDA to regulate tobacco, we are putting the agency in direct conflict of this important mission. Here are two undeniable truths about tobacco: (1) tobacco is known to cause serious illnesses and death, and (2) tobacco does not have any health benefits whatsoever. So, I ask you, what sense does it make to have the FDA regulate tobacco? How does an agency in charge of protecting public health regulate tobacco, a product that is inherently unsafe?

In fact, when the bill was being considered by the Senate HELP Committee a few weeks ago, I cosponsored and strongly supported Senator ENZI's amendment to have the Centers for Disease Control and Prevention regulate tobacco products. Unlike the FDA, the CDC has the infrastructure, personnel and mission to take on tobacco. The CDC operates programs that reduce the health and economic consequences of the leading causes of